					Expires					
				ry	Roads	Fairfie Phoi	eld, IA 52556 ne: 641 .4	72.65		
ANNUAL OVERSIZE PERMIT APPLICATION					www.jeffersoncountyiowa.com					
to: Please	print clearly	or type.	_	Requ	ested Start Date					
Legal Name - Vehicle Owner or Lessee					Phone Number			U.S. DOT Number		
Address					FAX Number			MC Number		
Chr. 7ID Out										
City State ZIP Code					Carrier (-ype			lowa Intrastate Authority Number		
				Conta	act Name for DOT to	call if ques	stions / Area	Code -	Telephone No.	
		oe identified	d.							
\	Vehicle Identifi	cation Numb	er (VIN)		Registered Weigh	nt	Year	Make		
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				in the	application are	true and c	orrect and			
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	Drit Informate/State are ions/Weight = 120') JM AXLI eight/Spaci ont)	RSIZE PERMIT Alto: Please print clearly Owner or Lessee Juit Information. ate/State and VIN must by Vehicle Identifications/Weight ions/Weight igth (max = 16) JM AXLE WEIGH eight/Spacing - front to cont) 2	RSIZE PERMIT APPLICA to: Please print clearly or type. Owner or Lessee State Z Jnit Information. ate/State and VIN must be identified Vehicle Identification Numb ions/Weight agth (max = 16') (m JM AXLE WEIGHTS ALLO eight/Spacing - front to rear (requence) clelivery (check one).	RSIZE PERMIT APPLICATION to: Please print clearly or type. Owner or Lessee State ZIP Code Unit Information. ate/State and VIN must be identified. Vehicle Identification Number (VIN) ions/Weight agth (max = 16') (max = 15'5") JM AXLE WEIGHTS ALLOWED Outght/Spacing - front to rear (required for SM ont) 2 3 4 delivery (check one).	RSIZE PERMIT APPLICATION to: Please print clearly or type. Cowner or Lessee	RSIZE PERMIT APPLICATION to: Please print clearly or type. Requested Start Date Owner or Lessee Phone Number FAX Number State ZIP Code Garrier Type For Hire Private Contact Name for DOT to Vehicle Identification Number (VIN) Registered Weight ions/Weight right (max = 16') Height (max = 15'5") Total Weight (max = 80,000lbs) JM AXLE WEIGHTS ALLOWED ON THIS PERMIT sight/Spacing - front to rear (required for SME vehicles only) ont) 2 3 4 5 Ielivery (check one). Acceptance of Condit in the application are in General Provisions date X (Customer or Australia) Customer or Australia	RSIZE PERMIT APPLICATION to: Please print clearly or type. Requested Start Date	RSIZE PERMIT APPLICATION to: Please print clearly or type. Requested Start Date	Place print clearly or type. Requested Start Date Owner or Lessee Phone Number State ZIP Code Carrier Type FAX Number Contact Name for DOT to call if questions / Area Code - Code	

Date: ____

Approved By: